S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2540

BIRTH NO. 4114-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 444

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Children's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 2057
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 6144 Gambleton

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) David c. (Last) Gyorog

4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 50

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 1-11-50
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Michael J. Gyorog
13b. MOTHER'S MAIDEN NAME Edna Wardle
14. NAME OF HUSBAND OR WIFE .....

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael J. Gyorog, 6144 Gambleton Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage due to birth trauma.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7600
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11 *, 1950, to* 1-14 *, 1950, that I last saw the deceased alive on* 1-14 *, 1950, and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm G Klingshirn MD
23b. ADDRESS 500 S. Kingshighway
23c. DATE SIGNED 1/14/50.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 16/50.
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REGISTRAR JAN 16 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

No Embalming.

Signed Jos. W. Leach

Licensed Embalmer No. 1661

P. O. Address 1121 Hodiamont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.